	and the second second second second second	para di kacamatan di Maratan Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn K	Taylor 1	ÿ
1. PLACE OF CIRTIE	ONA STATE BOARD BURBAU OF VITAL STANDARD CERTIFICATE	State File No		
Townshi) or Village	· auri	
Full name of child Manual	(if bly occurred in hospita	d or institution, give its NAM	E instead of street and numb If child is not yet named, m supplymental report, as direc	or) ake ted
3. Sex If plural 4. Twin, triplet, chirths 5. Number, in on	of th. Full term	6. I	(Month) day, year)	
9. Full name Commander FAMER	in	and Lust al	HER Laycee	()
10. Residence (usual particular abode) (If nonresident, give to co automate)	day (Years) 20. (Residence (Ukua) i abo (If nonresident i accean	de)	110)
13. Birthplace (city or siecha (State or country)		Birthplace (city or place)	folisies L'es	
14. Trade, profession, or particular kind i word done, as spinner, sawier, bothsees in which work as done, as silk mill, favmill, and, etc.		3. Trade, profession, or parti- of work done, as housek typist, nurse, clerk, etc 4. Industry or business work was done, as tawyer's office, silk min	euter kind Property	
18. Day Tofte milkelier 7. Tota spen		5. Date (month and year) last engaged in this work	26. Total time (years) spent in this work	11 ha 14 h 14 h 14 h
27. Number of children of this mother (At time of this birth and including this child	(a) Born alive and now living	2 (1) Born alive but no	ſ)
period of gestation	Cause of stillbirth		During labor	
CERTIFIED I hereby certify that I attended the birth		SICIAN OR MIDWIFE	m. on the date above st	ated
When there was no attending physicial or midwife, then the father, householder etc., should make this return.	(Second			L.D.
Given name added from a supplemental report. (Date of)	Addrass Filed	- 10 10 31	80 87 m	22
	Registrar.		Rogistra	